

Research Roundup

Concussion Assessment Requires Baseline Testing

Creating a baseline for each youth athlete is a vital element of accurate future concussion assessment, according to research presented at the American Orthopaedic Society for Sports Medicine's Annual Meeting recently.

Researchers analyzed whether the Sport Concussion Assessment Tool-2 (SCAT2) has any variability in data for youth athletes and whether sex makes a difference on the scores. The results indicated that otherwise healthy adolescent athletes do display some variability in results.

Anikar Chhabra, MD, MS, and colleagues from A.T. Still University tested 1,134 athletes who were participating on high

school teams in the Phoenix area. The study included 872 males and 262 females with an average age of 15.

Females scored significantly higher than the males on the SCAT2 total score. Athletes with a prior history of concussion scored significantly lower on the SCAT2.

Chhabra commented, "Our results showed that otherwise healthy adolescent athletes do display some variability in results, so establishing each player's own baseline before the season starts and then comparing it with test results following a concussion leads to more accurate diagnosis and treatment."

More info: www.sportsmed.org.

Direct Access Associated With Lower Costs, Fewer Visits, New Study Says

A new study suggests that "the role of the physician gatekeeper in regard to physical therapy may be unnecessary in many cases." Those findings could have significant implications for the U.S. health care system, APTA says.

The study, published ahead of print in the journal *Health Services Research (HSR)*, reviewed 62,707 episodes of physical therapy using non-Medicare claims data from a Midwest insurer over a 5-year period. Patients who visited a physical therapist (PT) directly for outpatient care (27%) experienced fewer visits and lower overall costs on average than those who were referred by a medical doctor, while maintaining continuity of care within the overall medical system and showing no difference in health care use in the 60 days after the physical therapy episode.

Led by Jane Pendergast, PhD, the study retrospectively analyzed 5 years (2003 to 2007) of private health insurance claims data from a Midwest insurer on beneficiaries aged 18-64 in Iowa and South Dakota. Nearly 63,000 outpatient physical therapy episodes of care were analyzed—more than 45,000 that were classified as physician-referred and more than 17,000 that were classified as "self-referred to physical therapists." Researchers found that self-referred patients had fewer physical therapy visits (86% of physician-referred) and lower allowable amounts (\$0.87 for every \$1.00 of physician-referred) during the episode of care after adjusting for age, sex, diagnosis, illness severity, and calendar year. In addition, overall related health care use—or care related to the problem for which physical therapy was received, but not

physical therapy treatment—was lower in the self-referred group after adjustment.

"Health care use did not increase in the self-referred group, nor was continuity of care hindered," the researchers wrote. "The self-referred patients were still in contact with physicians during and after physical therapy. Concerns about patient safety, missed diagnoses, and continuity of care for individuals who self-refer may be overstated."

Earlier research has supported direct access to physical therapists as safe and cost effective, but the new *HSR* study is the most comprehensive to date. The *HSR* study looked at a far more extensive number of episodes than the previous study, and also controlled for illness severity and other conditions that could have affected the patients' outcomes.

The researchers wrote, "our findings do not support the assertion that self-referral leads to overuse of care or discontinuity in care, based on a very large population of individuals in a common private health insurance plan with no requirement for PT [physical therapy] referral or prohibition on patient self-referral. We consistently found lower use in the self-referral group, after adjusting for key demographic variables, diagnosis group, and case mix. We also found that individuals in both groups were similarly engaged with the medical care system during their course of care and afterwards."

Reference

Pendergast J, Kliethermes SA, Freburger JK, Duffy PA. A Comparison of Health Care Use for Physician-Referral and Self-Referral Episodes of Outpatient Physical Therapy. *Health Services Research*. Published ahead of print September 23, 2011. DOI: 10.1111/j.1475-6773.2011.01324.x.

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